## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

| - accommiste All firether co   | orrespondence including below or directed oth   | to the Patent advance                            | SUE PEE and PUBLICATI orders and notification of n (a) specifying a new corres  | tainicoance ices wh   | i de manea io the cuirchi     | COLLESCONGERCE address as             |  |
|--|---|--|---|---|-------------------------------|---------------------------------------|--|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)   |   |  |   | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.   |                               |                                       |  |
| CORNING INCORPORATED SP-TI-3-1 CORNING, NY 14831   |   |  |   | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2835, on the date indicated below. |                               |                                       |  |
|  |   |  |   |   | <u> </u>                      | (Depositor's name) (Signature) (Date) |  |
| APPLICATION NO. FILING DATE  |   |  | FIRST NAMED INVENTOR  | , , , , , , , , , , , , , , , , , , ,   | ATTORNEY DOCKET NO.           | CONFIRMATION NO.                      |  |
| 10/696,052   | 06,052 10/28/2003   |  | Philippe Caze   |   | SP02-227                      | 5896                                  |  |
| TITLE OF INVENTION:  | COATED MICROSTR   | UCTURE AND METH                                  | IOD OF MANUFACTURE  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |                               |                                       |  |
| APPLN, TYPE  | SMALL ENTITY  | ISSUE FEE DUE                                    | PUBLICATION FEE DUE   | PREV, PAID ISSUE  | FEE TOTAL FEE(S) DUE          | DATE DUE                              |  |
| nonprovisional   | NO  | \$1740   | \$300   | \$0   | \$2040                        | 04/05/2012                            |  |
| EXAMIN   | VER   | ART UNIT   | CLASS-SUBCLASS  |   |                               |                                       |  |
| LEUNG, JENNIFER A  |   | 1774   | 422-602000  |   |                               |                                       |  |
| CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.   |   |  | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |   |                               |                                       |  |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Please check the appropriate assignee category or categories (will not be printed on the patent):  Q Individual Corporation or other private group entity Q Government |   |  |   |   |                               |                                       |  |
| 4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number   |   |  |   |   |                               |                                       |  |
| 5. Change in Entity State  a. Applicant claims  NOTE: The Issue Fee and interest as shown by the re  | SMALL ENTITY state Publication Fee (if req  | us. See 37 CFR 1.27.<br>uired) will not be accep | b. Applicant is no lon  | ger claiming SMAL   | L ENTITY status. See 37 C     | FR 1.27(g)(2).                        |  |
| Authorized Signature  Typed or printed name SYCACLA V. R.CA.C.   |   |  |   | Date March 9, 2012<br>Registration No. 32, 448  |                               |                                       |  |
| This collection of information   | tion is required by 37 C<br>ality is governed by 35<br>application form to the<br>ms for reducing this bu<br>refinia 22313-1450. DO | FR 1.311. The informa                            | nion is required to obtain or in I. I. I. I. This collection is estury depending upon the individue Chief Information Office COMPLETED FORMS TO   | retain a benefit by th  | e public which is to file (an | d by the USPTO to process)            |  |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.